## City of Los Angeles Request for Waiver Workers' Compensation Insurance Requirement

Business				
Legal Name:				
Address:				
Legal Form	Sole Proprietor Business Trust	Limited Partnership Limited Liability Compa	General Partnership	Corporation
Contact Person	(Name and Telephone):			
City Reference				
City Agency		Contact Name/]	Celephone	
Document Refer	rence;	A 1		
	(bid, contract, job no., loca	tion, etc.)	ned on City Premises?	Yes No
Nature of work to	o be performed for City:			
Declaration:				
Compensation cover applicable laws and further agree to hold business to comply	rage for any employees of the at regulations regarding workers co	by warrant that the business has no exempt from Worker's Compense Section 3700 et seq. of the Califorove mentioned business. I agree mpensation, payroll taxes, FICA at these form loss or liability which. I therefore request that the City of the above-referenced work.	ornia Labor Code with respect to comply with the code requi	with California law. I to providing Worker's rements and all other
Signature		~		
, par		Cit	y Attorney Approval:	
Owner, Officer, D	irector, Partnership or other Principal			<b>~</b> .
. 1	Title	, .		